

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEBRASKA

LEROY O. CARLSON and TERESA J. CARLSON,	)	Case No. 4:11-cv-3173
Plaintiff,	)	
v.	)	
CREDIT MANAGEMENT SERVICES, INC.,	)	
DANA KAY FRIES #22411 personally,	)	
JANE J. RICHARDSON #19833 personally,	)	
TESSA P. HERMANSON #23179 personally,	)	
JESSICA L.V. PISKOWSKI #24243,	)	
personally, and BRADY W. KEITH #24305	)	
personally,	)	
Defendants.	)	

**DECLARATION OF TESSA P. HERMANSON**

I, Tessa P. Hermanson, hereby state and declare as follows:

1. I am the General Counsel for Defendant Credit Management Services ("CMS"). Through my position as General Counsel I am familiar with the business records maintained by CMS regarding the accounts placed with CMS for collection including but not limited to correspondence from CMS to Plaintiffs LeRoy O. Carlson and Teresa J. Carlson and CMS's records regarding the account.
2. The subject Faith Regional Health Services ("FRHS") accounts were placed with CMS on November 19, 2010. CMS sent Plaintiffs initial notice letters regarding the accounts that same day. Those notice letters provided Plaintiffs with notification of each debt owed, the name of the creditor, and set forth Plaintiffs' validation rights as required by the FDCPA. True and correct copies of the notices sent to Plaintiffs are attached as Exhibits A through E.

**EXHIBIT**

**1**

3. Plaintiff LeRoy O. Carlson sent CMS a letter dated December 14, 2010. A true and correct copy of that correspondence is attached as Exhibit F.

4. The only service Plaintiffs attempted upon Defendants was to send the Summons and Complaint by certified mail. Plaintiffs sent the Summons and Complaint to each named Defendant at the following address: Credit Management Services, Inc., P.O. Box 1512, Grand Island, NE 68802.

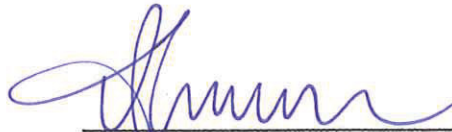
5. The address of the registered office for CMS on file with the Nebraska Secretary of State's Office is 105 N. Wheeler, Grand Island, Nebraska 68801. The registered agent identified at the Nebraska Secretary of State's office is Michael J. Morledge.

6. The certified mail summons sent by the Plaintiffs was not sent to the individual Defendants residence nor the registered office of CMS, the individual Defendants employer.

7. I have not, and to my knowledge, none of the other individual Defendants have appointed or authorized anyone to accept personal service for them of mailings to the Post Office address Box 1512, Grand Island, Nebraska 68802.

8. The person who received the certified mail and signed for the certificate mail from the Plaintiffs was not any of the individual Defendants nor the registered agent or officer of CMS.

I declare, under penalty of perjury, that the foregoing is true and correct. (Declaration per 28 U.S.C. §1746).



Tessa Hermanson

P.O. Box 1998  
Southgate, MI 48195-0998



11/19/10

CMSC/106282593/004 225003982157 000000523/000000002



TERESA CARLSON  
LEROY CARLSON  
1001 NORTHDAL DR  
NORFOLK, NE 68701-2709



Credit Management  
214 W. 1st St. PO Box 1512  
Grand Island, NE 68802  
308-398-3800

MEMBERS:  
AMERICAN  
COLLECTORS  
ASSOC.  
NEBRASKA  
COLLECTORS  
ASSOC.

Debt ID: 8199  
Account No.: 2593  
Principal: \$1,620.00  
Interest: \$2.93  
Balance: \$1,622.93  
Amount Paid: \$  
(Keep for your own records)

Re: FAITH REGIONAL HEALTH SERVICES, Account No. 2593

Your past due account has been referred to us for collection. Failure to pay may result in further collection efforts.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

Credit Management Services, Inc. is a collection agency attempting to collect a debt. Any information obtained may be used for that purpose.

\*\* Please return the below portion with your payment in the enclosed envelope \*\*

Debt ID: 8199  
Account No.: 2593  
Amount Due: \$1,622.93  
Amount Paid: \$



11/19/10

TERESA CARLSON  
LEROY CARLSON  
1001 NORTHDAL DR  
NORFOLK, NE 68701-2709

|||||  
Credit Management  
P.O. Box 1512  
Grand Island, NE 68802-1512

**EXHIBIT**  
**A**

P.O. Box 1998  
Southgate, MI 48195-0998



11/19/10

CMSC/106383938/004 225003982165 000000525,000000002



TERESA CARLSON  
LEROY CARLSON  
1001 NORTHDAL DR  
NORFOLK, NE 68701-2709



**Credit Management**  
214 W. 1st St. PO Box 1512  
Grand Island, NE 68802  
308-398-3800

**MEMBERS:**  
**AMERICAN**  
**COLLECTORS**  
**ASSOC.**  
**NEBRASKA**  
**COLLECTORS**  
**ASSOC.**

Debt ID: [REDACTED] 8204  
Account No.: [REDACTED] 0938  
Principal: \$235.40  
Interest: \$5.19  
Balance: \$240.59  
Amount Paid: \$ \_\_\_\_\_  
(Keep for your own records)

Re: FAITH REGIONAL HEALTH SERVICES, Account No. 3938

**Your past due account has been referred to us for collection. Failure to pay may result in further collection efforts.**

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

Credit Management Services, Inc. is a collection agency attempting to collect a debt. Any information obtained may be used for that purpose.

**\*\* Please return the below portion with your payment in the enclosed envelope \*\***

Debt ID: [REDACTED] 8204  
Account No.: [REDACTED] 8938

**Amount Due: \$240.59**

Amount Paid: \$



11/19/10

TERESA CARLSON  
LEROY CARLSON  
1001 NORTHDAL DR  
NORFOLK, NE 68701-2709

  
 Credit Management  
 P.O. Box 1512  
 Grand Island, NE 68802-1512

**EXHIBIT  
B**

P.O. Box 1998  
Southgate, MI 48195-0998



11/19/10

CMSC/553900010.004 225003982199 000000563/000000002



TERESA CARLSON  
LEROY CARLSON  
1001 NORTHDAL DR  
NORFOLK, NE 68701-2709



**Credit Management**  
214 W. 1st St. PO Box 1512  
Grand Island, NE 68802  
308-398-3800

MEMBERS:  
AMERICAN  
COLLECTORS  
ASSOC.  
NEBRASKA  
COLLECTORS  
ASSOC.

Debt ID: 8253  
Account No.: 0010  
Principal: \$175.00  
Interest: \$3.85  
Balance: \$178.85  
Amount Paid: \$ \_\_\_\_\_  
(Keep for your own records)

Re: FAITH REGIONAL HEALTH SERVICES, Account No. [REDACTED] 0010

**Your past due account has been referred to us for collection. Failure to pay may result in further collection efforts.**

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

Credit Management Services, Inc. is a collection agency attempting to collect a debt. Any information obtained may be used for that purpose.

♦♦ Please return the below portion with your payment in the enclosed envelope ♦♦

Debt ID: [REDACTED] 253  
Account No.: [REDACTED] 0010  
Amount Due: \$178.85  
Amount Paid: \$



TERESA CARLSON  
LEROY CARLSON  
1001 NORTHDALD DR  
NORFOLK, NE 68701-2709

  
 Credit Management  
 P.O. Box 1512  
 Grand Island, NE 68802-1512

**EXHIBIT**  
**C**

**P.O. Box 1998**  
**Southgate, MI 48195-0998**



MEMBERS:  
AMERICAN  
COLLECTORS  
ASSOC.  
NEBRASKA  
COLLECTORS  
ASSOC.

**Credit Management**  
214 W. 1st St. PO Box 1512  
Grand Island, NE 68802  
308-398-3800

11/19/10

CM/SC/533900036/001 225003982173 000000365000000002



TERESA CARLSON  
LEROY CARLSON  
1001 NORTHDAL DR  
NORFOLK, NE 68701-2709

Debt ID: [REDACTED] \$257  
Account No.: [REDACTED] 0036  
Principal: \$130.00  
Interest: \$.64  
Balance: \$130.64  
Amount Paid: \$ \_\_\_\_\_  
(Keep for your own records)

Re: FAITH REGIONAL HEALTH SERVICES, Account No. [REDACTED] 0036

**Your past due account has been referred to us for collection. Failure to pay may result in further collection efforts.**

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

Credit Management Services, Inc. is a collection agency attempting to collect a debt. Any information obtained may be used for that purpose.

“ Please return the below portion with your payment in the enclosed envelope ”

Debt ID: [REDACTED] 8257  
Account No.: [REDACTED] 0036  
Amount Due: \$130.64  
Amount Paid: \$



11/19/10

TERESA CARLSON  
LEROY CARLSON  
1001 NORTHDAL DR  
NORFOLK, NE 68701-2709

  
 Credit Management  
 P.O. Box 1512  
 Grand Island, NE 68802-1512

**EXHIBIT  
D**



P.O. Box 1998  
Southgate, MI 48195-0998



11/19/10

CMSC/553900028/004 225003982181 000000564/000000002



TERESA CARLSON  
LEROY CARLSON  
1001 NORTHDAL DR  
NORFOLK, NE 68701-2709



Credit Management  
214 W. 1st St. PO Box 1512  
Grand Island, NE 68802  
308-398-3800

MEMBERS:  
AMERICAN  
COLLECTORS  
ASSOC.  
NEBRASKA  
COLLECTORS  
ASSOC.

Debt ID: 3255  
Account No.: 0028  
Principal: \$140.00  
Interest: \$2.42  
Balance: \$142.42  
Amount Paid: \$  
(Keep for your own records)

Re: FAITH REGIONAL HEALTH SERVICES, Account No. 0028

Your past due account has been referred to us for collection. Failure to pay may result in further collection efforts.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

Credit Management Services, Inc. is a collection agency attempting to collect a debt. Any information obtained may be used for that purpose.

**\*\* Please return the below portion with your payment in the enclosed envelope \*\***

Debt ID: 3255  
Account No.: 0028  
Amount Due: \$142.42  
Amount Paid: \$



11/19/10

TERESA CARLSON  
LEROY CARLSON  
1001 NORTHDAL DR  
NORFOLK, NE 68701-2709

Credit Management  
P.O. Box 1512  
Grand Island, NE 68802-1512

**EXHIBIT  
E**

DA [REDACTED] 199

Certified Mail: 7009-2250-0000-2374-1109

LeRoy O. Carlson  
1001 Northdale Drive  
Norfolk Nebraska 68701  
December 14, 2010

Credit Management  
214 W. 1<sup>st</sup> St.  
P.O. Box 1512  
Grand Island, NE  
68802

Regarding:

FAITH REGIONAL HEALTH SERVICES

Account Numbers: [REDACTED] 2593, [REDACTED] 3938, [REDACTED] 0010, [REDACTED] 0036, [REDACTED] 0028

Balance: \$2316.43

To Whom It May Concern:

I am in receipt of your (5) five letters all dated 11/19/10. In those letters you state that "unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt, or any portion thereof, we will assume that this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor if different, from the current creditor."

Consider this letter my notice of dispute over the validity of this alleged debt. In addition, I have a few questions that I'd like you to answer in order that I might ascertain whether the alleged debt is indeed binding upon me and/or my wife, thus you are in receipt of notice under the authority of The Fair Debt Collections Act regarding the above listed "Balance" and/or "alleged debt" with the "Original Creditor" and the listed "Account Numbers".

It is not now nor has it ever been my intention to avoid paying any obligation that I lawfully owe. In order that I can make arrangements to pay an obligation which I may owe, please document and verify the "debt" by complying in good faith with this request for validation and notice that I dispute part of, or all of the alleged debt:

1. Please furnish a copy of the original promissory notes redacting the assigned social security number to prevent identity theft and state under penalty of perjury that your client, the "Original Creditor" named above is the holder in due course of the promissory note and will produce the original for my own and a judge's inspection should there be a trial to contest these matters.



2. Please produce the accounting and general ledger statements showing the full accounting of the alleged obligations that you are now attempting to collect.
3. Please identify by name and address all persons, corporations, associations, or any other party having an interest in legal proceedings regarding the alleged debt.
4. Please verify under penalty of perjury, that as a debt collector, you have not purchased evidence of the debt and are proceeding with collection activity in the name of the original maker of the note.
5. Please verify under penalty of perjury that you know and understand that certain clauses in a contract of adhesion, such as so-called forum selection clauses, are unenforceable unless the party to whom the contract is extended could have rejected the clause without impunity.
6. Please provide verification from the stated creditor that you are authorized to act for them.
7. Please verify that you know and understand that contacting me again after receipt of this notice without providing procedurally proper validation of a debt constitutes the use of interstate communications in a scheme of fraud by advancing a writing which you know is false with the intention that others rely on the written communication to their detriment.
8. Please limit your communication with me to writing only. If I receive any phone calls from your company, I will consider them to constitute harassment. Please be advised that unwanted telephone calls are a class 1 misdemeanor in this state and I will file a complaint against the caller with the attorney general's office. I maintain a telephone log of each phone call and in some cases, make an audio recording when necessary. Be advised that you have the right to remain silent. If you ignore this notice and contact me by telephone, you and your employees agree to allow me to make an audio recording of our conversation and you and your employees agree to allow the recording and any other information to be used against you and your employees in a court of law. I will accept only your written communication.
9. Be advised that I am not requesting a "verification" that you have my mailing address, I am requesting a "validation;" that is, competent evidence that I have some contractual obligation to pay you.
10. You should also be aware that sending unsubstantiated demands for payment through the United States Mail System might constitute mail fraud under federal and state law. You may wish to consult with a competent legal adviser before your next communication with me.

Certified Mail: 7009-2250-0000-2374-1109

11. Your failure to satisfy this request within the requirements of the Fair Debt Collection Practices Act will be construed as your absolute waiver of any and all claims against me, and your tacit agreement to compensate me for costs and attorney fees.
12. If you do not provide me the information requested within thirty (30) days, I will consider the purported debt to be invalid, that you made a mistake, and that you agree to sanctions imposed against you and your organization for knowingly continuing a frivolous claim against me.

Disputing the Alleged Debt,

  
LEROY O. CARLSON

STATE OF NEBRASKA     )  
                                      ) ss JURAT  
COUNTY OF MADISON    )

SUBSCRIBED SWORN, AND AFFIRMED BEFORE ME, A Notary Public, on this  
14<sup>th</sup> day of December, 2010, by LeRoy O. Carlson, proved to me on the basis of  
satisfactory evidence to be the man who appeared before me.

 NOTARY PUBLIC  
Notary Signatures

Andrew A. Labenz, Seal  
Notary printed name

